

# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P05000111533	
1. Entity Name C. G. OF FLORIDA CORP.	



FILED

07 JUN 21 AM 7:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 1627 BRICKELL AVE 1204 MIAMI, FL 33129	Mailing Address 2475 NW 16 ST. RD. 505 MIAMI, FL 33125
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2. Principal Place of Business - No P.O. Box # 1627 BRICKELL AVE	3. Mailing Address 1627 BRICKELL AVE
Suite, Apt. #, etc. 1204	Suite, Apt. #, etc. 1204
City & State MIAMI FL	City & State MIAMI - FL
Zip 33129	Country USA

06192007 Chg-P CR2E034 (12/06)

4. FEI Number 51-0351505		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent YANES, JUAN E 2475 NW 16 ST RD DPTM 505 MIAMI, FL 33125		7. Name and Address of New Registered Agent Name: CARLOS GALLEGOS Street Address (P.O. Box Number is Not Acceptable) 1627 BRICKELL AVE Aptm. 1204 City: MIAMI FL Zip Code: 33129

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *[Signature]* DATE: 06/12/2007

(NOTE: Registered Agent signature required when relinquishing)

Amended AR is \$81.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	PS GALLEGO, CARLOS 1627 BRICKELL AVE #1204 MIAMI, FL 331291283 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100104883501 06/26/07--01037--011 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 06/12/2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

xc 6/22